



People For People – Interpreter Services Broker

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MEDICAL BLOCK OF TIME (MBOT) BACKUP DOCUMENTATION

Authorization #: _____ Date of Service: _____ Requester's Name: _____
 Language Agency: _____ Interpreter's Name: _____

List below each client who received services (or was scheduled to receive services) during the Medical Block of Time Appointment for the above-listed date of service. Additional copies of this form may be attached.

Client Information	Length of Visit	Appointment Address (Required if claiming mileage)	Appointment Outcome (Also document the reason for cancellation, by whom, etc.)
Client Full Name: _____ Medicaid PIC #: _____			Seen <input type="checkbox"/> Cancelled <input type="checkbox"/> No-Show <input type="checkbox"/> Add-on <input type="checkbox"/>
Client Full Name: _____ Medicaid PIC #: _____			Seen <input type="checkbox"/> Cancelled <input type="checkbox"/> No-Show <input type="checkbox"/> Add-on <input type="checkbox"/>
Client Full Name: _____ Medicaid PIC #: _____			Seen <input type="checkbox"/> Cancelled <input type="checkbox"/> No-Show <input type="checkbox"/> Add-on <input type="checkbox"/>
Client Full Name: _____ Medicaid PIC #: _____			Seen <input type="checkbox"/> Cancelled <input type="checkbox"/> No-Show <input type="checkbox"/> Add-on <input type="checkbox"/>
Client Full Name: _____ Medicaid PIC #: _____			Seen <input type="checkbox"/> Cancelled <input type="checkbox"/> No-Show <input type="checkbox"/> Add-on <input type="checkbox"/>
Client Full Name: _____ Medicaid PIC #: _____			Seen <input type="checkbox"/> Cancelled <input type="checkbox"/> No-Show <input type="checkbox"/> Add-on <input type="checkbox"/>
Client Full Name: _____ Medicaid PIC #: _____			Seen <input type="checkbox"/> Cancelled <input type="checkbox"/> No-Show <input type="checkbox"/> Add-on <input type="checkbox"/>

List any breaks in service (i.e. lunch, etc.): _____

NOTE: Any changes to the overall length of MBOT (including start time, end time, or previously scheduled breaks) must be **pre-approved** by PFP.

Additional Comments: _____

Interpreter's Certification	Requester's Certification
I hereby certify that the service and charges listed herein are accurate and have been provided as authorized.	I hereby certify that the service information provided herein is accurate and has been provided as specified.
Signature: _____ Date: _____	Signature: _____ Date: _____